

Hartford YIT Regional Plan

September 2009

Table of Contents

Hartford YIT Regional Plan	3
Appendix A: Data-Gathering Tools, Needs Assessments, and Outcomes	21
Appendix B: Job Descriptions	52
Appendix C: Description of Clara Martin’s Application of the Resiliency Model	59

Hartford YIT Regional Plan

Preface

The Hartford YIT Steering Committee, which has been managing the development of the Hartford Region’s vision and plan for SAMHSA funding, had its inception well before the SAMHSA opportunity arrived. Also, part of its history is that it eventually evolved as a conjoint effort by both a White River Junction-based group and a group that was begun under the auspices of the Clara Martin Center. The fact that there were two concurrent groups addressing the same issues speaks well to the decentralized nature of services and service centers in the region, and the committee’s acknowledgement of this “regional sprawl” has played a critical role in the shape and argument of this proposal.

In terms of, first, the evolution of the White River Junction group: subsequent to the opening of the Junction, the drop-in resource for youth in White River Junction, there were three small meetings held on the topic of homelessness at that site in June, July, and November of 2006. In attendance were Junction staff and volunteers, parents and foster parents, counselors, and other concerned community members. The purpose of these gatherings was to define the scope of regional homelessness for transition-aged youth, to discuss how safety net/resources could be improved, and to potentially apply to VCRHYP for the funding of emergency shelter options in the Upper Valley. While there were many constructive discussions, the meetings were temporarily placed on hold in the absence of a broader spectrum of “key” regional players and available funding.

Last June 2008, some of the needed key players emerged at the White River Junction group, and Sara Kobylenski (Upper Valley Haven), Julia Hadlock (Upper Valley United Way), and Nancy Bloomfield (The Junction) convened a follow-up meeting to the ones in 2006 at the Economic Services Office in White River Junction, a meeting that included people from a much broader representation of youth-serving professionals.

It was also at this June 2008 meeting that this group decided to broaden its purview to encompass *all* perceived service needs for transition-aged youth (and not strictly issues around homelessness, though this remained, and still remains, a crucial concern), and based on this wider review, they produced the first, albeit cursory, inventory of service resources and gaps in the region (See Appendix A).

Based on this inventory, identified ongoing needs/trends included transportation to work opportunities and young people being housed in unstable spaces, and identified *emerging* needs/trends included gas prices (family economics being stressed) and residential teen substance abuse. Desired outcomes included community resources for young people during a time of crisis/pre-crisis, and one-stop service settings that are able to offer youth a continuum of care that includes employment/life skills experience. Identified regional assets included a good network of resources (social services), a roomful of passionate and committed people, available VCRHYP support, and access to the best and most promising practices that can be used as service delivery models. Other noteworthy observations were that youth want to talk and want support, but are afraid, and that there are waiting lists for counselors.

It was, also, sometime in 2008 that the Clara Martin Center group finally joined forces with the White River Junction group to form the current regional YIT steering committee. The Clara Martin group had begun in 2007 to address the needs of this same population, but had, understandably, focused more on what was available or lacking in the Upper Valley. More specifically, by January 2007 the Clara Martin Center had recognized that more and more late adolescents and early adults were in dire need of comprehensive services, and created a task force to develop a program that could be more helpful to them. The task force was made up of the CMC's medical director, the director of child and family services, the director of adult services, the director of substance abuse and corrections services, the director of school-based services, the principal of East Valley Academy (a school for youth with emotional and behavioral problems), the regional team leader of child and family services in the Randolph area, and the CMC's consultant regarding agency grants and strategic planning.

This CMC-sponsored task force met six times during the winter of 2007. The services delivery model they recommended was Bonnie Benard's Resiliency Model (See Appendix C for a description of this model). At around the same time that the task force completed its recommendation, the Clara Martin Center was awarded JOBS money for the Randolph area, and decided to use this money to help strengthen their new Transition Age Youth (TAY) Program in Randolph, which has now been functioning since July 2007. The Clara Martin Center had also been looking to provide this same programming to the Bradford area, but lacked the necessary funds. When, subsequently, the statewide

TAY SAMHSA grant was announced, the agency was very excited about the prospect of expanding its current programming to the rest of its catchment area, as well as to the rest of the Hartford district.

With both groups having come together, at the next YIT meeting in July 2008, a more comprehensive inventory was taken (See Appendix A), and the highest identified priority was *safe housing*, then medical and mental health access, followed by legal roadblocks, youth empowerment, strengthening resources for where target youth currently congregate, improving communication among youth-serving workers, and the need for improving community education and public awareness of these youths' needs. It was also felt that we should do more to *train* youth-serving workers (paid or volunteer) in the best practices for promoting and building positive and effective relationships with these youth; that there should be funds available (such as a revolving loan fund) to help youth get on their feet as they begin to experiment with living independently; and that there should exist a community-wide, integrated approach to employment and vocational training for these youth that would include the involvement and support of the business community.

Hartford YIT Steering Committee

It was at the February 4, 2009 meeting that the transition-aged youth group that began in June 2006 in White River Junction assumed the role as the steering committee (attached to the Hartford LIT) for planning and implementing the region's allotted YIT SAMHSA

funds for the next six years. The group then chose NFI to act as the fiscal agent in the planning process, as well as to facilitate the development of the region's plan based on the group's assessment of the services gaps and resources in the region across the five primary categories listed in the "Invitation to Communities" document, viz., access to health care, post-secondary education, employment, housing, and caring relationships.

Services already in place for behavioral health treatment for Youth in Transition (aged 16-21, inclusive, and their families) with severe emotional disturbance, especially those who are out-of-school

Given this mission to come up with a practical plan, the first foundational task for the steering committee was to expand its data-gathering regarding the prevailing regional resources and gaps in services for this target group. For this purpose, the initial list of resources and gaps, gathered at the July 8 meeting (See Appendix A), served as the foundation and baseline for all further data-gathering going forward. The second all-group effort to revisit and update service resources and gaps, was held at the committee's meeting on June 3, 2009, and for this purpose the region was divided into three "hubs," i.e., Hartford, Bradford, and Randolph, a separating-out process that acknowledged that the type, number, and accessibility of services differ across the region. (See this June 2009 document in Appendix A).

While this inventory-taking was especially useful in documenting the services that were *available* in the region, it was recognized that identifying the *gaps* in services required

that data be especially gathered from the target *youths* and their *parents*, something that hadn't been done yet.

Remaining unmet needs (gap between regional vision and the current situation/services)

Going forward, several focus groups were launched, specifically under the auspices of The Junction, the Hartford Public Schools, and the Clara Martin Center. In-person interviews, questionnaires, and group formats were also developed and utilized across groups, and data was collected and collated (See Appendix A). The Independent Living Survey (See Appendix A) was used across several agency settings to find out how youth would prioritize the five primary services categories. (See Attachment, "Outcomes from Independent Living Survey". The greatest number of "hits" in scoring on this ILS ("0" indicating "no importance," and "5" indicating "highest importance") was clustered around 4's and 5's, and tellingly, the highest percentage of 5's for any one category was in life skills training (52.9%).

While the entire, collective results of the inventory-taking documents reveals the full story (See Appendix A, and also the Attachment, "Youth Interview Questions and Responses"), even a *sampling* of service gaps is very telling, as evidenced by the following list, some of which include quoted comments by the youth themselves:

--some parent income is too high to qualify for needed state health insurance

- navigation help is needed (re: finding and accessing services)
- transportation is limited and/or there is no public transportation available
- geographic distance is a barrier
- there is a limited availability of psychiatrists and therapists, both for testing and medication management
- there is a lack of opportunity to job shadow/apprentice
- there is a lack of a menu of options for different tracks for learning
- mentors are lacking; more peer support is needed
- there is a lack of guides (formal, employed)
- there are barriers to access, eligibility, and affordability re: safe housing
- some youth need transitional housing, while some could do it on their own if they had “credentials” and financial help
- there is a lack of emergency shelter and respite care
- this is no JOBS program in Bradford and Hartford
- there is a lack of learning/training centers, and there is the need for more help in acquiring training in worksite/worker skills
- there is a need to further help youth who do not qualify for supported living/employment because their IQ is over 70, but who cannot live safely on their own because of their low adaptive skills
- there is a lack of centralized services and referrals
- there is a lack of affordable health care
- there is a lack of good nutrition
- there lacks “a way for people who have dropped out of school to have access to driver’s ed.”
- there is a need for “more health services like the dentist [that] should be covered by Medicaid”

--“welfare offices need to be on top of their game and more informative”

Regional Vision.

It was clear to all committee members that while the Hartford region has many of the resources that transition-aged youth need, the region is also the largest geographically and therefore it is issues of client *access* that are so often the most immediate barrier to their receiving what services exist. However, this issue of access barriers encompasses more than the difficulty of getting to service sites, which may often be quite far away from where the client lives. These barriers also include institutional policies, income level, lack of funds, and lack of transportation. Another barrier is informational, that is, the youths’ lack of experience, knowledge, and ability in how to navigate the systems that are available to them. In some cases, a youth may not even know that a certain service *exists* in the region at all, or if it does exist, he/she may not know *where* it is located.

While there were many separate issues that the committee identified as needing and deserving intervention, the amelioration of which would constitute the most desirable and idealized regional vision, the committee was faced with a practical decision: given that the regional grant offers “only” \$67, 538.34, what is the best use of this relatively small amount of funds to begin to address the issues and concerns that had been documented?

After much discussion, the group felt that while the steering committee could continue to advocate for specific changes and services in the youth-serving system, and could

continue to be alert to all alternative funding sources (which might specifically target housing needs, mental health needs, etc.), the most expedient and prudent use of funds would be to assist regional youth in *gaining access* to available services. *This* constitutes what might be called the committee's "small-scale" regional vision for the moment. It is a *practical* vision, and hopefully a programmatic platform on which other high-priority services can be added that will bring the region that much closer to its fully realized vision of a region where all necessary services for the transition-aged youth are available and accessible.

At this juncture, it needs also to be said that the committee was unable to get regional plan feedback from other important groups in the community--specifically, from the police, juvenile justice, criminal justice, and business communities. Thus far, the committee has been comprised primarily of representatives from mental health, youth services, and the schools. It is therefore the intent of the committee to continue to make an effort to reach out to these groups and invite them, along with the target youth and their parents, to sit on the committee and actively serve as advisors and consultants concerning the implementation of the plan. This remains a *crucial* and necessary objective.

In now returning to the "story" of the committee's mission, the question was, *how* could it accomplish its plan? With this in mind, the committee adopted the idea of funding a so-called "navigator" case manager who would identify the target youth and or/receive referrals from regional youth-serving facilities and professionals; who would help the

youth to identify their individual needs; and who would guide these youth toward being able to effectively access their needed services. This person would function, also, as a mentor, an emotional support, a role model, a skills trainer, and an advocate, as well as a networker and collaborator with the service providers in the region. By necessity, this person would also have to become well-informed regarding all current and potential regional resources and resource persons (including families) for transition-aged youth.

With this practical, small-scale regional “vision” in mind, the committee held a RFP process (there were two applicants), and the Clara Martin Center--which, again, currently administers a JOBS program in Randolph--was awarded the grant money to implement the committee’s recommended plan.

The CMC proposal (which looks ahead to the first three years of the plan) involves four direct service workers: one full-time “Youth Services Navigator” position and three part-time “Peer Mentor” positions (See Appendix B for these job descriptions). The direct service “hubs” will be the Bradford and Hartford sub-regions, and the program will be administered under the aegis of the CMC’s Transition Age Youth Services (TAY) program (See Attachment, “Transition Age Youth Services,” for a description of the TAY program), whose applied best practices and philosophical approach are based on the JOBS model (which is close in ideology to the TIP model) and the Resiliency Model (See Appendix C for a description of the CMC’s application of the Resiliency Model), both of which are very compatible with the youth-centered values, ideology, and goals of this

regional plan, as well as the spirit and letter of the overall mission goal as described in the SAMHSA's document, "An Invitation to Communities."

The stated purpose of the Youth Services Navigator position is as follows:

To build the capacity of the Hartford AHS District to develop and deliver behavioral health treatment to youth age 16-21. This will include providing employment and transitional services and/or linkage to other service providers for individuals age 16-21 and their families in the Bradford and White River Junction area so they have adequate preparation and the necessary supports to be productively engaged in society and free from incarceration, as well as working with existing systems and organizations in the Hartford AHS District who interact with this age group to strengthen the connections between them, and to make our area's system of care well publicized and seamless.

In terms of hiring for this "point" position, the CMC intends to include YIT steering committee members in the "finalists" stage of the interview process.

The stated purpose of the Peer Mentor position is "to provide peer support, mentoring, and related functions to individuals who attend alternative and/or public schools and/or receive Transitional Age Youth or Jump or Board for Success services."

These staff will meet as much as possible where the target youth are located, viz., in their homes, at the schools, at The Junction, etc.

Desired Outcomes and Possible Indicators

The Clara Martin Center plans to take part in all data collection requirements as set forth by the state YIT team, including the collection of information required by the NOMS (National Outcome Measures), and will submit this information electronically to the VCHIP staff using the TRAC system. This data will help measure access/capacity, retention, and cost effectiveness.

In addition, the CMC will continue to measure other outcomes they have already been measuring in their Randolph TAY program, including: # of youth who stay in or return to school; # of youth who work; # of youth who stay out of corrections; # of youth who stay out of DCF custody, and # of youth who are homeless.

The CMC is particularly interested in actively disseminating information to the general public about TAY services, and one of the things they will be measuring is how many organizations this program connects with around these services, as well as where different referrals come from. As stated in the CMC's goals for year two (See Attachment, "Transition Age Youth Services"), they are very interested in finding out whether the Youth Services Navigator is able to reach youth who would not in the past have connected with services, thus helping them get benefits they may qualify for. The

increase in direct services to these youth could also bring additional revenue into the region, which could mean the CMC is able to expand its TAY services.

Also, the Clara Martin Center will work with the youth in the program to help them fill out data that is needed by the YIT team.

Description of priority services/strategies (e.g., interagency agreements and methods for responsiveness to youth and families, public outreach, training for implementation, etc.)

Training

For the Youth Services Navigator position, the Clara Martin Center will provide the following training program:

This position will be assigned a mentor who has been the lead clinician in the ongoing transition-aged youth program in Randolph. This new staff person will join Clara Martin Center's ongoing supervision group for transitioned-aged youth. The CMC will train this person in both the Resiliency and JOBS models. They will also train this person in dual diagnosis so he/she is familiar with mental health services and substance abuse services. This staff person will also become familiar with CMC's VCRHYP program and, most importantly, with how the agency effectively "engages" youth in relationships and services. In addition, this staff person will become familiar with services offered out of

the CMC's Bradford office. The CMC also proposes that the staff person get trained by various organizations in the White River Junction area so as to both become familiar with these organizations *and* to be able to work collaboratively with them to provide services. These organizations include but are not limited to The Haven, The Junction, Family Services, and Health Care and Rehab Services. In addition, the CMC will have access to ongoing trainings that are organized by the state YIT team.

This program *will* expand the current services for transition-aged youth in the region, and will do so without duplicating services. While there is a Randolph-based JOBS program in the region, and while it, too, addresses the five "supports" categories, its focus remains primarily employment-oriented, while this SAMHSA-funded program has, by intention, wider applicability and is, again, focused more narrowly on *increasing access* for these youth. In addition, Hartford's YIT plan is intended to be a *cross-regional* effort, and the sheer fact of the Hartford region's geographical sprawl is one of the primary arguments for developing such navigator-type positions. Finally, this program also has the potential, ongoing, to create for greater solidarity and ownership among the various youth-serving providers in the region, as both CMC's staff and the steering committee are geared to working on both a micro and macro level throughout the region.

As for the agency's training for the three (3) part-time Peer Mentor positions, a lot of the focus will be on maintaining professional boundaries, knowledge of resources, and how to co-lead groups as well as any trainings that the state or VCRHYP provides for peer youth.

Public Outreach

An important part of the Youth Services Navigator position will include compiling a list of organizations and individuals who are helping youth in the Hartford region, letting them know about the YIT grant, and then trying to create a connection between these resources so there starts to be a more comprehensive and interdependent system of care for this group.

Clara Martin will plan to advertise the existence of this YIT program on television on local access stations in White River Junction, as well as approach the *Bradford Journal Opinion*, the *Valley News*, and the *Vermont Standard* for potential stories. The CMC will also write to, and seek collaborative relationships with, the following organizations who have thus far not participated in the YIT planning process, including but not limited to:

Upper Valley Services

Gifford Hospital

Vermont State Police-South Royalton barracks

Vermont State Police-Bradford barracks

Orange County Sheriffs

Valley Vista

Little Rivers Health Care

Community Action Agencies in Randolph, Bradford, and WRJ (SEVCA and CVCAC)

Orange County Prevention Partnership

All Special Education Directors for different supervisory unions

NAMI

All local pediatricians

Select boards

Religious groups

If any of these groups expresses an interest in having a face to face meeting with program staff, the CMC will comply as much as possible.

Management structure, fiscal agent, and contact people (for administration and evaluation of the grant)

The Clara Martin Center will serve as both the fiscal and administrative agent for the committee's recommended regional plan, with the steering committee providing support, guidance, monitoring, and advise-and-consent assistance. The primary contact persons at Clara Martin will be Jeff Rothenberg and Dennis Stupka-Fisk.

The steering committee will assist Clara Martin in fostering collaboration and networking with the other regional agencies and resources (with *families* to be treated as essential "resources" as well) to promote the goals of the regional plan. The committee will also function as an *activist* body that will review individual cases (similar to what the LIT does) with the intent of seeking to remove barriers to needed services and providing problem-solving and resource-sharing. The steering committee, as well as the Hartford LIT committee, will meet at least once a month with CMC representatives to review progress and share information. They will also review, interpret, and discuss the plan's

built-in “progress data” as it is gathered, as well as data-gathering outcomes for state and federal program evaluations.

Also, it still remains a goal of this plan that youth and their parents, as well as other members of the community besides representatives from social services, mental health, and the schools, be recruited for committee membership to help steer the plan. Youth and parents need to be directly involved to help provide grass roots, on-the-ground feedback, oversight, and “reality checks.” Involving parents and youth may work best the parents and youth (who would like to participate) are systematically contacted by phone to get their feedback regarding ongoing issues related to programming. It is also hoped that the committee can also successfully reach out to “cultural groups” and organizations in the community to further broaden the plan’s base of support, cultural knowledge, and input.

Project budget summary with line item details

See Attachment, “Budget for Regional Plan.”

Summary

The information gained from groups, questionnaires, interviews, and from fellow agencies (and their own formal or informal research) was very enlightening for the committee, and will serve as a useful baseline from which to assess and implement

ongoing interventions to improve services for transition-aged youth in the region. It was also the consensus of the steering committee that whether SAMHSA funding had become available or not, the steering committee would have continued to meet and advocate for needed changes.

The committee also recognizes that it serves a pivotal role in the regional plan through its collective resource-sharing, networking, and coordination of services. The committee will continue to act as a *team* to keep watch over the needs of the region's youth and to assertively use its collective voice to advocate for filling in the various identified gaps in services that limit the welfare, growth, and future of these youth.

APPENDIX A

Data-Gathering Tools, Needs Assessments, and Outcomes

**Meeting to discuss critical needs of transition-aged youth
Economic Services office, Hartford VT
6-18-2008**

The goal of this initial meeting was to gather a group of interested, committed professionals to begin a discussion to further define unmet, critical needs among transition-aged youth and identify what resources our community has (or needs to have) available to address them.

The following notes are an incomplete representation of comments made at this meeting.

1) Participant Introductions/Desired Outcomes

- Julia Hadlock, Exec. Director, UV United Way: looking to understand this community need
- Kevin Christie, Northeast Family Institute (NFI): has many connections with youth
- Rob Ensign, Regional Director, NFI: works with Matt Wolfe, has been an individual therapist, street worker, has done transition work
- Chuck Myers, Exec. Director NFI: NFI provides wraparound services (mental health), alternative ed. programs. Interested in investigating fit between their organization and our needs
- Christine Fryer, Children's Advocate, Upper Valley Haven
- Tom Ketteridge, Managing Director, Upper Valley Haven: 20 bed shelter for single adults opening in 1 year
- Sara Kobylenski, Agency of Human Services Field Director, Hartford district: Has been hearing a "critical mass" of concern about the need to do a better job helping youth make a successful transition to adulthood. No local youth housing program- the Hartford district is the only part of Vermont without one.
- Josh Dunne, Director, Boys and Girls Club of Hartford: worked in Hartford School District, planning room, etc. Sees the need, looking for partnerships, BGC has goal of starting younger.
- Laura Ivanoski, Associate Director, Listen Community Services
- Donna Makarewicz, Case Manager, Economic Services, Hartford office: also Friends of Veterans, 10 Bricks. Housing is ongoing concern and interest
- Delilah Burns, Assistant Coordinator of "The Junction", Listen Community Services: The Junction is a drop in life skills center; help with housing, jobs, apartment, and connection to resources--youth with no plan
- Jackie Pierce, 9 East Network: serves youth (15-22) transitioning from foster care to independent living, associated with Wits End Support Group parents, church ministry, restorative justice efforts, is parent of a youth who would have been taken care of by a program like we might create
- Nancy Bloomfield, Coordinator of "The Junction", Listen Community Services: life skills drop-in center for youth, has seen first hand youth who do not have any home to go to
- Alan Emery, Tri-County CAP Homeless Outreach: works on both sides of the river through 10 Bricks. Spoke of challenge of working with youth-they hide and they are

afraid of being turned in to police or parents- need some options that are safe, that youth can trust

- Linda Glasgo, Voc. Rehab.: 18 and up (mostly 19 year olds), focus is employment, but housing provides basis for success in employment
- Ann Bridges, School Transition Counselor, Voc. Rehab.: Transportation is a big issue. Many youth are homeless because of parents' poor decisions, life is miserable at home, so they leave.
- Jennifer Fontaine, Business Manager, Upper Valley Haven: social work background, interested in children
- Mary Smit, Foster Care Team Leader, Casey Family Services: 25-30 youth in foster care
- Robert Bryant, Director, Second Growth: Works with 14-24 year olds around substance use, violence and related issues. Youth are returning as young adults ready to “do the work”.

The group agreed on a common focus of “transition-aged youth”, ages 16-24.

2) Defining the Need

Ongoing Needs/Trends:

- Transportation to work opportunities, evening and weekends transportation
- Pay scale- reasonable wages
- Opportunity for work following adjudication
- Alcohol and Drugs- substance abuse
- Youth with Disabilities- needs for safe daytime spaces
- Young people are housed in unstable spaces (known spaces)
- Young people living with other families
- Criminal Justice System
- Sexual exploitation

Emerging Needs/Trends:

- Gas prices—family economics are stressed
- Access across age ranges is increasing
- Illegal Activity is becoming more prevalent
- Parents leaving/lost time to commit to their children
- Youth Corrections
- Residential teen substance abuse
- Socio-economic defined services

What Do We Want?

- Community of resources for young people during a time of crisis/pre-crisis
- Easy for youth to ask for what they want/need
- Providing easy, safe and trusted resources
- One stop that avails youth to a continuum of care and allows for employment/life skills experience
 - Counseling
 - Mental health
 - Doctors
- Employment – basic skills for work

How Will We Recognize It?

- Young people want to be there
- Young people have a chance to be successful
- Young people have a voice and control inside a structure that's safely managed

What Resources Do We Have?

- A good network of resources (social services)
- A room full of passionate committed people
- VCRYP support- state support
- Access to best and promising practices that could be used as a model.

Other Notes:

*need for older youth as mentors

youth that can not take care of themselves safely during the day

Drop-out rate? Correlation between drop-out rate and homelessness

Fear- youth want to talk, want support but are afraid for many reasons

Communities of tent cities because they have overstayed welcome- making own communities

Must want to stay in school, but sometimes they can't

Youth with disabilities- autism, others? – Severe PTSD, parents are overwhelmed in multiple ways and cannot be responsible as needed

*Waiting list for counselors

Teen pregnancy has had a 1 year blip

**YOUTH HOMELESSNESS- YOUTH NEEDS. WHAT DO YOU SEE... OFTEN,
AND LESS FREQUENT, BUT OF HIGH CONCERN**

July, 2008

1) We see concerning numbers of youth housed in unsafe, unstable situations.

Need for housing from 1-6 months

Stable living environment—safe place to begin and end the day

Substance free—camp or what is available

Users—unsafe space

Couch surfing—Hart. HS (soph-senior): 10-15/night

Tents/cars/public places: HHS: 2-3/yr, Junction: 10 in the summer, 2-3 per year throughout other months

Permanently living in unsafe situation—with sister, friend, etc... unsupervised, unsafe: harder to quantify

2) There is significant diversity in needs and circumstances of youth who are not properly housed. Areas of diversity include (but are not limited to) readiness/ability to live independently, availability of family supports, cognitive ability, mental health, substance use, parenting, special needs

A range anywhere from someone with job/place to start to someone who needs job training, counseling, has substance issues (handicapping conditions) Across all ages and categories

Moms w/ child 2-3/month

18-24 10/month 45/cases 20+

17 1/month 120+ 40+ 30+ 30+

3) Our community has existing services and supports that could meet some of the needs we see. However, youth are often unable to access these services and supports because of their legal status as minors or because they do not meet other requirements (such as a certain IQ level or mental health status).

Youth moms under 18 w child—cannot sign lease because of age

Age 16 and up—cannot be legally served for more than 2 nights

17 year olds in greatest jeopardy beyond child services, not eligible for adult services, do qualify for jail.

Youth who do not qualify for supported living/employment because of IQ over 70 but who cannot live safely on their own because of low adaptive skills

4) We see a significant need for mental health and substance use services and supports across the socioeconomic spectrum. We also understand that many youth who need these services and supports are not ready for help.

In need of medical/substance abuse/mental health services and ready/want help—smaller amount. Reluctant.

Mental health needs across socioeconomic spectrum. LARGE need seen at HHS and Junction. unmet, insufficient help available.

5) Youth, parents and youth-serving professionals are confused or frustrated by the lack of centralization/easy access to services. We don't always know where help is available.

Centralizing services or referrals. Wit's End parent frustration with supporting child and increase addition.. No safe alternative, often 12/yr, new cases.

6) Accompanying areas of need include: limited access to reliable transportation and affordable child care, poor nourishment, poor oral health

Reliable transportation to treatment, jobs, etc.

Affordable child care

Hunger/poorly nourished leading to weight problems, emotional ups and downs, low energy, no breakfast—chronic, ongoing need

Dental health—frequent need at The Junction. Data from nurse at HHS? Students are screened.. Follow up?

WHAT ARE COMMUNITY PARTNERS CURRENTLY DOING?

1) The partners represented at this meeting are teaming with families and other community resources to help youth stay stable, make better decisions. We work in areas including: Mentoring, housing, foster care, skill-building, meeting basic needs, brainstorming, counseling, education, court diversion, job training, mental health, family support

LEAD program, student mentoring, BBBS, college students mentoring younger youth
The Junction, Turning Point, Second Growth, Economic Services, Clara Martin, HCRS, Voc Rehab, DOL-WIA, Court Diversion, Family Place, Parent Child Center, committed community members

Find shelter—off the streets (10Bricks—Homeless outreach)

Facilitate transportation to resources

Foster care (VT 15-22), transition living skills

Hartford Schools—school counselors, focus of community resources, clearing house through age 16, school-to-work transition resources

The Upper Valley Haven—works with young families. Youth under 18—avg of 2/yr.

18-24 yrs old: 50% of residents. More resources for those over 18

18 yr olds have to leave subsidized housing (or 18 yr old income figured in family income)

The Haven also provides food, showers, clothing referrals, brainstorming to those who ask for help, even if not shelter guests.

Casey Family Services: Provide foster care to youth already in state custody (NH and VT). WRJ area caseload: 12-13/yr. They work with youth through age 22. They also

provide mentors and companions to youth who are served by foster care program but who are not connected to a family—youth who push foster families away. There are 4 of 5 of these among the 12-13 served each year. Casey also provides ongoing support group for foster parents.

Court Diversion—alcohol safety program, street checkers

The Junction (Listen): Provides a safe, drop-in space for 8-15 15-20 year olds per day 75 or more unduplicated per year (double check). Open 5 days/week from 2-8 pm. Offers evening meal, staff and volunteers provide modeling and support to youth who come in. Welcoming, non-clinical. Provide listening/brainstorming/honest feedback. Connect youth to appropriate resources when ready. Develop and run life skills programs e.g summer job training program (6 youth in 2008)

2) We have relationships and experience with funding sources

WHAT SHOULD YOU BE DOING BUT AREN'T BECAUSE OF LIMITED RESOURCES (SUCH AS GEOGRAPHY, MONEY, VOLUNTEERS, STAFF, TRANSPORTATION)

1) We should be providing a continuum of shorter to longer term, highly supervised to more independent, housing options for youth.

Supervised living/co-housing/transitional/guided/mentored/low-rent housing for youth who want independence but would not do well in a “lonely” situation.

Short term, emergency shelter options

Providing housing (continuum), self- sustaining enterprise, adults committed at that level

2) We should be providing mental health services that are readily available, easy to access, and support for youth in navigating the process of finding a “good match”

Mental health referral (HCRS is overwhelmed)

Ability to case manage, make it through the maze of mental health services, navigate systems, insurance, etc.

Mental health—youth don't have a choice because of limited providers and they need to be able to shop around for a good fit in order for intervention to be successful

3) Our approach to working with youth should be strength-based and rooted in self-empowerment strategies. Adult mentors can help youth develop the skills and personal attributes necessary for successful independence.

Skill building Self-empowerment model- strength-based

Groups—anger management, substance use, employability skills, life skills

Mentoring program—rent 1st

People needed to provide mentoring and support

4) We should continue to reach out to and build relationships with youth through drop-in centers and other outreach sites across the Upper Valley.

Develop relationship with youth—more resources, \$ and staff
More drop-ins like The Junction—in outlying communities

5) We should have funds available (such as a revolving loan fund) to help youth get on their feet as they begin to live independently.

Revolving loan fund—deposit and other expenses paid back
Independent living funds
Sliding scales—low income clients

6) We should have a community-wide, integrated approach to employment and vocational training for youth that includes the business community.

Getting jobs—networking with business community
Supporting vocational activities

OTHER RESPONSES:

Special needs
Available transportation maintenance system
Collaboration conferences

WHAT ARE YOUR HIGHEST PRIORITIES (WHAT WE MIGHT WANT TO DO IN A YEAR)

1) Integrated spectrum of housing options, vocational supports, alternative training programs

Safety first—housing. Group home, supervised apartments, room rental (most expensive)

Focus on education—finish HS, job skills, further training

Transportation—bus routes and hours expanded

Employment (availability and support)

Keep youth from being adjudicated.

2) Medical and mental health access, substance use services.

3) Investigate legal roadblocks to helping 17 year olds who are independent but not legally

4) Focus on youth empowerment. Train service providers to effectively engage and build trust with youth. Empower youth as spokespeople as we move forward in this group.

Strength-based model in the high schools—enhance schools’ ability to design programs around and respond to students’ needs.

Training for service providers around youth empowerment model. Help them learn how to effectively engage and build trust with youth.

Empowering teens as spokespeople to shape these changes

5) Identify and strengthen resources around places and people that youth already trust and access, recognizing diversity of needs and interests among youth and the priorities of communities within our service area.

Identify and strengthen resources around places and people that youth already trust and access.

Multiple “outreach sites”

Different priorities for different communities—WRJ, Bradford.

6) Improve communication and collaboration among youth-serving professionals.

Some way for youth-serving professionals to provide peer support to one another (and share training opportunities, vision, etc.)

Communication with agencies

Awareness of existing services

7) Community education/public awareness of challenges, needs, extent of need

Independent Living Survey (See Results in Attachment)

Please rate the following services in terms of their importance for you right now. Use a 0-5 scale, where 0 indicates no importance at all and 5 indicates the highest possible importance:

1) Care Coordination:

Helping you set up meetings & appointments, communicate with your resources and get started with new ones.

Rating:

0	1	2	3	4	5
no					highest
importance					importance

2) Transportation:

Help getting to work, appointments & school. Working toward your driver's license and saving for a car.

Rating:

0	1	2	3	4	5
no					highest
importance					importance

3) Life skills training:

Help budgeting your money, paying bills, & balancing your checkbook. Time management, cooking, cleaning & managing your own place.

Rating:

0	1	2	3	4	5
no					highest
importance					importance

4) Employment & career skills:

Help with employment skills or interest assessments. How to write a resume, find a job, interview, and behave well at work to keep your job.

Rating:

0	1	2	3	4	5
no					highest
importance					importance

5) Education & Training:

Help working with your educational program to finish high school.***Looking into & planning for college or a job training program.***

Rating:

0	1	2	3	4	5
no					highest
importance					importance

6) Your Health (physical and mental):

Help getting medical insurance and the health services you need; like doctors, dentists, counselors, etc.

Rating:

0	1	2	3	4	5
no					highest
importance					importance

7) Housing:

Support with getting your own apartment and managing your place once you are in it (help with applications, leases, set-up, roommates, etc.).

Rating:

0	1	2	3	4	5
no					highest
importance					importance

Type of housing you would prefer (check):

_____ Your own apartment with varying levels of support from people in the community.

_____ Your own apartment with a roommate & varying levels of support from people in the community.

_____ Having your own room while sharing a kitchen & TV room with other youth in the building, and varying levels of support from the community.

_____ Having your own apartment in a building with other youth and varying levels of support from the community (no shared space).

_____ Renting a room in a family's home.

_____ motel _____ tent

Levels of support (circle): monthly / every two weeks / weekly / as needed

Interview Questions for parents and/or guardians regarding the “greatest current need” their children have

Intro: Hello. This is _____. Do you have 5-10 minutes to answer some questions that will help me understand how we can help the young people and families I work with? Good, thanks (or schedule a time to call back).

I am calling to ask you some questions that will help us help _____ (daughter or son) to get any help (he or she) might need to get the education, skills and support (he or she) needs to have a successful future. We are really interested in your opinion. You know _____ much better than I do.

The questions I am going to ask cover the areas of transportation, housing, health, education, and support _____ gets or needs to help get those services when and if they are needed. If you do not have an answer, don't worry about it. Not knowing an answer may mean you need information which will help us do a better job. Do you have any questions?

I really appreciate your help. OK, let's start with

Education: Job training/Life Skills (balancing a check book, paying bills, etc.)

1. What is _____'s current educational, job or life skill program?
2. What could be improved to make that program better for _____?
3. If _____ has questions about (his or her) program who does (he or she) talk to?
4. What would be a change that would really help _____ get the education or life skills training (he or she) needs?

Please rate the importance of this support for your child. Using a scale of 0-5, where 0 indicates no importance and 5 indicates the highest importance.

Rating:

0 1 2 3 4 5

Thank you. Next, I have a few questions about...

Transportation.

1. What is _____'s current way of getting where he or she needs to go?
2. What would help _____ get around more easily?
3. Who helps now?
4. What help the most to make transportation easier for _____?

Please rate the importance of this support for your child. Using a scale of 0-5, where 0 indicates no importance and 5 indicates the highest importance.

Rating:

0 1 2 3 4 5

Thank you. Next I would like to ask a few similar questions about

Housing.

1. What is _____'s current living situation?
2. In what ways does _____ need help?
3. Who would _____ go to for help if he or she chose to?
4. What would be the most helpful change to make housing available for _____ if he or she needed it right now?

Please rate the importance of this support for your child. Using a scale of 0-5, where 0 indicates no importance and 5 indicates the highest importance.

Rating:

0 1 2 3 4 5

Thanks. Next I would like to ask about:

Health

1. What is _____'s current situation?

2. In what ways does _____ need help to become healthier or stay healthy?

3. Who provides health services now? Who helps if _____ needs additional medical, dental services?

4. What would be a change that would make health services better for _____?

Please rate the importance of this support for your child. Using a scale of 0-5, where 0 indicates no importance and 5 indicates the highest importance.

Rating:

0 1 2 3 4 5

Great, this really helps. Finally, I would like to ask a few questions about the:

Coordination of Services

1. Who helps _____ make appointments, plan for the future, find new services, etc.?

2. If _____ has that kind of support, who provides it?

3. How could that support be improved?

Please rate the importance of this support for your child. Using a scale of 0-5, where 0 indicates no importance and 5 indicates the highest importance.

Rating:

0 1 2 3 4 5

Thank you for your help. This information will be used by many people in the various agencies and educational institutions working with young people throughout the state. I really appreciate your insights. Have a great day.

Focus group format for youth, used at The Junction

3/24/09 and 3/25/09

TOPICS:

Transportation
Housing
Healthcare (mental and physical)
Employment and Career Skills
Education and Training

ROLES:

Adult facilitator (1): Welcomes the group, keeps an eye on time, supports youth facilitators

Youth facilitators (5): For his or her designated topic, poses questions (see below), facilitates involvement and provokes discussion

Note takers (2): One takes notes on flip chart, one on lap top. (1 youth, 1 adult)

STRUCTURE:

We planned 10 minutes for each topic, but ended up needing 20.

The five topics were addressed one at a time, with the designated youth facilitator leading the participants through the following questions (which were also posted on the wall):

- 1) What is your current situation?
(e.g. for transportation, "How do you get where you need to go?")
- 2) What do you need help with in this area? What are your challenges?
- 3) Who would you/do you go to for help? What do you know of that exists to help with this?
- 4) What should be different? What do we need to do more of? What would help?

3/24 focus group (24 participants, at The Junction) findings:

Having a car is just about essential in this area, but the cost is prohibitive, even just the cost of driver's ed and licensing. Buses are helpful, but route and schedule both need expanding.

In general, the cost of living (transportation, housing) is out of balance with what most of our youth are earning/can earn at this point in their lives, or with their current experience, education and training.

Our region needs emergency shelter options for youth.

Many youth are confused when it comes to health coverage/access. It's not always clear how/when/why they are covered.

Our youth need easier, more immediate access to mental health services and treatment for substance use.

From other interviews:

Youth benefit from having the support of peers and adults who listen without judgement.

Many youth come from families where abuse of alcohol and drugs are the norm.

Focus Group Notes from 3/25/09 (24 youth attended)

TRANSPORTATION:

- 1 What is your current situation?
 - most: walk long distances
 - 15: rely on friends for rides
 - 12: take the bus
 - 8: rely on family members for rides
 - 3: have car
 - 2: have bike (several indicated that they would use one if they had one)

- 1 In what ways do you need help?
 - 2
 - 3 gas is expensive, car repairs are expensive
 - 4 the bus hours need to be longer (24/7)
 - 5 the bus needs to cover a wider range of the Upper Valley area (ie. back roads)
 - 6 the bus needs to run on weekends (if we work on weekends we need to get there!)
 - 7 the bus needs to come through more often, which means more buses, more frequently

- 8 Who do you go to for help?
 - 9
 - 10 Grandfather, parents, friends, taxi,

- 11 What should be different? What do we need to do more of?
 - 12
 - 13 We need help getting to the places to get our licenses. (make it easier to get our license)
 - 14 A Junction Bus- pick up kids from the school or regional stops, Hartford or Lebanon.
 - 15 Driver's Education should not be so expensive. Especially for kids who are not in school.
 - 16 It's like \$700 to pay for driver's education.
 - 17 There should be a way for people who have dropped out of school to have access to driver's ed.
 - 18 I think that if you drop out of school driving is a privilege, you should have to wait until you're 18 to get your license.
 - 19 Could we have access to a shared car?

HOUSING:

- 1
 1. What is your current situation?
 - 1
 - 2 19 live with their parents
 - 3 5 people are homeless or couch surfing
 2. In what ways do you need help?
 - 1
 - 2 We need help getting jobs to get the money to afford an apartment.
 - 3 Need to have more affordable housing (even motel rooms are \$800-\$900/month)
 - 4 Dedicate an entire building for students just graduating high school
 - 5 Help with funding for security deposits and first month rent.
 - 6 Landlords need to lower their rent, what people are being paid is not covering rent and other living expenses. Especially with the economy the way it is.
 - 7 Landlords need to be more lenient to whom they rent to, if you haven't been on your own before and you don't have previous references you can't get an apartment.
 - 8 More shelters, there are no emergency shelters for youth or single adults.
 - 9 More stable homes with your family, what happens when their parents kick them out? Where can we go? Emancipation should be easier.
 - 10 It should be easier to have personal references count instead of landlord references.
 - 11 A per month or shortened lease should be more available.
 - 12 Classes you can take in your senior year or at anytime in school to help with money management and how to live on your own.
 - 13 College dorms are too expensive.

In general, cost of living is too high.
 - 1
3. Who do you go to for help?
 - 1 Reach Up/Path office help we do get is not competitive or not realistic with the cost of living..
 - System isn't set up to reward me for succeeding, I have to lie to keep help.
 - Friends
 - Listen
 - Family
 - I don't know?
 - The Junction
 - The Haven
 - SEVCA

Wise
 10 Bricks- Tri County Cap
 1

4. What should be different? What do we need to do more of?

People who are emancipated should get help on housing too.
 There should be a place where people to go who get kicked out of their parents home.
 More up above

HEALTH (mental and physical):

1. What is your current situation?

Skipping for privacy....

2. In what ways do you need help?

Cheaper medications.

More health services like the dentist should be covered by Medicaid.

The Red Logan is full, you have to be a client already to receive services there.

We need places that really do take uninsured people. Where else are you supposed to go. Health care should be free. Mental health should be free, especially is you are on the verge of suicide.

The people who are on the suicide hot lines should be better trained, someone has experienced it may know more about what we are going through. Don't say "I understand how you're feeling."

People with learning disabilities should get more help, not just monetary, but educational help as well (paying bills, car payments etc., school and out of school).

More affordable health care, paying medical bills, knowing where to go for the free/cheaper clinics, more help paying for prescriptions.

Condoms should be free.

Medicaid should be extended beyond 18 until you get on your feet.

Welfare office needs to be on top of their game, and more informative.... if we're on Medicaid we should be on file at the doctor's, because sometimes you don't know if you're covered or not.

Confusion over whether we are on Medicaid or not. Several youth cited inconsistent coverage.

3. Who do you go to for help?

The State
 HCRS
 Headrest

4. What should be different? What do we need to do more of?

Medicaid should pay for birth control, if I get pregnant again I will be homeless.

When there are court appointed drug tests why do I have to pay for it?

I pay for the appointment and the UA's I have to take.

You get money for committing someone to the mental health hospital? That shouldn't be ok.

Medicate you right away, is not right.

There needs to be more rehabilitation services closer, residential and outreach.

Visitation should be possible for families in rehab.

There is a two week waiting period for rehabilitation centers, what happens to you in the meantime? How do you quit? You just give up. Immediate access to rehab.

Someone having to wait is likely to overdose in the waiting period or to back out of their decision.

Poor physical health should not be a barrier to being accepted at a rehab center.

EMPLOYMENT AND CAREER SERVICES:

1. What is your current situation?

5 people have jobs- a few are part-time/summer jobs, 2 full time.

One is enrolled with Hartford Vo-Tech, being trained to be a cosmetologist.

One is employed, but not making any money currently because of knee injury (still has job)

One is in training but the store is new and will open at the beginning of April.

2. In what ways do you need help?

Wish there were more, and more of a variety of, jobs available.

Need jobs more compatible with experience level.

Young people don't have a good reputation with employers because many quit/don't care.

Bad references.

Pay should be higher.

Minimum wage is \$8.09--It's not enough to be able to pay for the things we need.

People are paid less to do the jobs others don't want to do... should be the other way around.

Never had a class to tell you how to build your career after you graduate from vo-tech... How/where to go to college, or how to continue your training or go right into work and sometimes it costs money that we don't have.

3. Who do you go to for help?

Using internet/community resources like the CCV or local businesses that focus on what we're interested in for careers.

Parents sometimes help with jobs, if they get you a job with a friend of theirs. It's who you know.

I got a job just going into the store as a customer.. they got to know me, then I asked for a job.

Ted Diccico at Hartford High School. Ann Bridges (Voc Rehab) at Hartford High School.

Carrie Ballou (VT Dept of Labor) is wonderful and very helpful.

Carrie can help with training, helps write resumes, interview clothes.

Human Services at the tech center and career services on line.

Sometimes everyone can't help everybody.

It depends on the school you go to as well... Lebanon vs. Hartford

There is a waiting list for some of the vo-tech classes/programs.

Job Corps- they teach you how to live/work....you can get hired right out of Job Corps. It is really strict and easy to get kicked out. You have to wait a year and then you can go back.

4. What should be different? What do we need to do more of?

The tech center should expand their course options and career options.

More help with how to get the job and keep the job.

More training classes should be free- like Job Corps costs money to go.....

EDUCATION & TRAINING

1. What is your current situation?

1 has completed high school

5 people are still in school--1 of these youth had been kicked out of three schools in one year. Finally turned things around when she was given the option of getting her act together or going to a residential school. She didn't want to leave her mom.

3 people have dropped out but want to go back....

1 took his GED and got a high school diploma without even passing 9th. His suggestion-- If you have the academic ability to pass, but do not have the patience to stay in school, take the test.

(Another youth's response-- If you get your GED it's not as good as earning a diploma (there is value to staying in school)

2. In what ways do you need help?

Anger issues.

Anger, peers and socializing get in the way of succeeding at school

Peer issues and “drama” it makes it so difficult to focus on what needs to get done at school.

I'm failing us history and not getting help from the case managers (special education)

At Wilder school they are persistent in asking what's going on when I just need space...

3. Who do you go to for help?

I don't want to be in jail so I stay in school, (outside pressure) now I'm making honor roll!

I ask others to help motivate me, someone who's working with me every day (a teacher)

Mr. Brad (a detention teacher at Lebanon) gave me advice on how to deal with my anger. Teachers.

Case managers—though we need more, and better trained

Guidance counselors – someone to talk to, as long as they really listen- you can tell when someone's not listening to you.

Anger passes- able to take 10 minutes to take time to cool off.

4. What should be different? What do we need to do more of?

Schools or (the Junction) should be offering more in life skills training, how to rent/buy a car, or taking out loans, checking/savings accounts, credit cards, credit

score, paying bills, doing your taxes, budgeting, insurance of any kind, buying a house. Not if it's during the summer.

Expand vocational classes.

More information about college

There should be more programs that are offered for people who are out of school, but do not necessarily want to go to college but want to advance and qualify for certain jobs or careers.

Notes from conversations with four mental health professionals with different angles on the welfare of transition-aged youth

5/20/09 and 5/21/09

What kind of community supports can be provided to someone on the waiting list for more formal treatment? Groups? Mentorships? Peer support?

Recreation therapy?

Can older youth talk with younger youth about the things they do to stay well?

Nutrition—links between physical health and mental health?

There is a shortage of psychiatrists, both for adults and youth. Regular physicians end up prescribing meds that they don't really know much about.

How can we make it possible for clinicians to provide free care without putting themselves at risk?

Valley Court Diversion is running groups for free because they found there was no place to refer youth who needed anger management, a place to talk about depression, etc.

Mental health professionals need the flexibility to meet people in places that are convenient and comfortable for them—this currently comes with risks. You are put at risk professionally if you work outside of the box, even if it's meeting the need.

Transportation—make accessing mental health services free and easy.

DHMC has no counselors and not enough psychiatrists.. they tell people not to refer anyone to them. There's no money in mental health work for them.

What can we learn from the substance abuse treatment model? Each school has an SAP now, a person who has some level of training but is not necessarily the highest level, someone who can provide basic screening and make referrals. Would more youth stay in school if they could receive mental health services in schools? It would not be hard to get people who are in training through grad schools, etc. to fill these positions.

Nutrition and exercise are important components of mental health. Families need to be included in this. Psychiatric meds often exacerbate weight gain, so this is an added health issue.

Can we have a pool of money to use to provide pool passes, gym memberships, etc.

Yoga, meditation, martial arts, art, caring for spiritual self.

If we had our own “Bill Gates”, what would our vision and blueprint be? If money was not an object, what would we create?

We need a menu of resources/opportunities available, and mentors/guides who can help show people how to live in the world.

Mental health issues need to be addressed before people can be expected to keep employment.

We need a van!

We need flexibility within a supervised situation. Clinical supervision provided to people who are able to offer opportunities (recreation, groups, exercise, etc) that might help.

What about substance use? We need to talk about this... marijuana can accelerate someone down the path to bipolar or another major mental illness (true for 25% of users, but we don't yet know how to identify these people in advance)..

Youth In Transition Steering Committee Notes from Meeting of June 3, 2009

I. HEALTHCARE

A. What we have

1. Hartford: DHMC
Good Neighbor Health Clinic
Red Logan Dental Clinic/VT Dental (takes Medicaid)
HCRS
Clara Martin
Easter Seals
DCF
The Family Place (parent/child center)
West Central Services (NH)
Headrest Hotline (24 hours)
WISE (domestic violence)
Economic Services
Valley Court Diversion
Second Growth
Mt. Ascutney Hospital
Alice Peck Day Hospital
2. Bradford: UV Pediatrics (Mark Harris, DHMC)
Clara Martin
Upper Valley Services (DD)
Valley Vista (treatment)
3. Randolph: Gifford Hospital
Clara Martin
Chelsea, Sharon, S. Royalton health centers
Upper Valley Services

B. Gaps/What we don't have

Hartford, Bradford and Randolph

- Some parent income too high to get state health insurance
- Difficult when youth transition out of school—confusion about whether or not they are still enrolled in Medicaid
- Help with paperwork, eligibility
- Navigation help needed
- Availability of Medicaid providers
- Transportation (limited/no public transportation)
- Geographic distance

- Availability of psychiatrists and therapists, both for testing and med management
- Dental care (Red Logan) only available if severe need
- Dentists rarely accept Medicaid
- High turnover

II. Post-secondary ed/training for out of school youth

A. What we have:

1. Hartford: HACTC (Hartford Area Career and Technical Center)
CCV (Community College of VT)'s VSAC program
Upper Valley Academy (diploma, thru Lebanon College- NH)
VT Adult Learning/Adult Basic Education
Voc Rehab/VT DOL- provides access to training
Quest (Hartford HS drop-out prevention program)
Job Corps
VYCC
The Family Place-- Families Learning Together program
Lebanon College
Granite State College (Leb NH)
NH Community Tech Center (NHCTC) in Claremont
Dartmouth College
2. Randolph: RTCC (tech center)
Raven—alternative program for special needs—small voc prog
Central VT Basic Ed
DVR (voc rehab) and DOL and Clara Martin are access points
3. Bradford: Central VT Basic Ed
NH Tech (Woodsville)
Riverbend Tech Center
VT Law School
Connecticut River Academy

B. Gaps/What we don't have

Hartford, Randolph and Bradford:

- Eligibility—grades need to be higher, or skill level too low to enroll
- Opportunity to job shadow/apprentice
- Different tracks for learning—need a menu of options
- Geographic distance
- There are “vocational kids” without vocational opportunities because the bar for tech centers is so high
- Lack of guides (formal, employed)- the Youth Development Coordinators can serve youth in custody, Reach Up helps those who are parenting, Voc Rehab can help those with disabilities, but what about the rest?
- Eligibility for WIA eliminates some youth who need help
- Can we help before youth fall on their faces?
- Upward Bound program (math and science) lost funding
- Mentors are a gap/peer support needed

III. Employment

A. What we have

1. Hartford: DOL (Labor)
DVR (Voc Rehab)
Entry-level jobs
Job Corps

Youth Development Coordinator-- access
 The Junction—access
 Temp agencies—Westaff, Leddy Group
 DHMC has its own temp “agency”- requires GED/diploma
 NH Employment Security

2. Randolph: JOBS and voc services offered through Clara Martin
 Youth Development Coordinator-- access
 DOL
 Randolph area job developers’ coalition—model for us?
 School-based job placement programs
 Upper Valley Services—employment specialist
3. Bradford: Clara Martin—vocational person
 DVR/DOL
 Upper Valley Services
 Life Transition Services (Woodsville)—for developmentally
 delayed youth
 Youth Development Coordinator—access

B. Gaps/What we don’t have

- no JOBS program in Bradford and Randolph
- lack of learning/training centers; need more help with training in worksite/worker skills
- lack of mentors, guides
- lack of no-fast food employers

IV. HOUSING

A. What we have

1. Hartford: 10 Bricks
 The Haven (families for now, adults next year)
 Overlook (transitional housing)—families only, need referral
 WISE (domestic violence survivors)
 Headrest—have to be committed to recovery from sub use
 Mountainside/20 Mile Stream
2. Randolph: Safe Haven—shelter for people with mental health diagnosis
 VCRHYP (VT Coalition of Runaway & Homeless Youth Programs)
3. Bradford: VCRHYP—Clara Martin uses this funding source for services

Throughout the region, developmentally delayed youth throughout the region can get housing, but need an IQ of 70 or below. Many youth who need services are just above the cut-off.

B. Gaps/What we don’t have

- Access, eligibility, affordability
- No renter’s history, not enough \$ to pay first month’s/last month’s rent
- Would Rental 101 course help? Would landlords recognize this?
- Some youth need transitional housing, some could do it on their own if they had “credentials” and financial help
- Need enough landlords who are willing to take a chance (maybe w/ an incentive?)

- Emergency shelter, respite homes
- Housing on bus routes or within walking distance of jobs
- Dorm-style housing
- Mediation between youth and family so youth can stay safely housed
- Sometimes a youth's income from a part time job can bring up the family income level to the point where the family no longer meets guidelines for assistance
- Benefits counseling (offered in some places, but again.. eligibility)

V CARING RELATIONSHIPS

General Overview:

We acknowledge the desirability of making training available--to all workers (paid or volunteer) who deal with transition-aged youth--that addresses how best to promote and build positive and effective relationships with these youth.

APPENDIX B

Job Descriptions

CLARA MARTIN CENTER
POSITION DESCRIPTION

Youth Services Navigator
Classification: Exempt

General Purpose:

To build the capacity of the Hartford AHS District to develop and deliver behavioral health treatment to youth age 16-21. This will include providing employment and transitional services and / or linkage to other service providers for individuals age 16-21 and their families in the Bradford and White River Junction area so they have adequate preparation and the necessary supports to be productively engaged in society and free from incarceration, as well as working with existing systems and organizations in the Hartford AHS District who interact with this age group to strengthen the connections between them, and make our area's system of care well publicized and seamless.

Essential Functions:

- Provides coordination with teachers, parents, other clinicians, community groups, other professionals and programs when indicated.
- Identifies and reaches out to community organizations that have significant interaction with transition age youth.
- Participates in the development of a publicity campaign to widely publicize TAY efforts in our community.
- Works with existing youth groups in Bradford, Randolph and White River Junction area, to establish local youth councils, and ensure more representation of youth with on-going planning efforts.
- Monitors therapeutic progress of clients on an on-going basis.
- Participates in the development of the treatment plan with the client and other appropriate staff. Participates in weekly clinical staff/peer review meetings.
- Coordinates services for clients (i.e. day treatment, employment, transportation, medical, respite, and needed substance abuse services.).
- Provides assistance and support for daily activities, employment, financial management, developing appropriate social skills, obtaining their personal goals and objectives, parent education/training, and family supports.
- May serve as liaison, referral source, or advocate for clients to the court system, DCF, schools, substance abuse treatment programs, vocational services and other agencies.
- Conducts risk assessment and makes appropriate interventions. Assists emergency staff with screening and placement process.
- Makes referrals to Psychiatrist and/or other programs when appropriate.
- Fulfills direct service expectation as assigned by supervisor.
- Establishes fees. Monitors payment. Performs related administrative duties including writing monthly notes, treatment plans, clinical notes, and documentation of time for billing, MIS, outcomes, payroll purposes.
- Records and documents services by following established policies and procedures of the Agency.
- Demonstrates active involvement in supervision as evidenced by participation, initiative, and effort.

- Participates in and/or coordinates meetings, committees, and special projects as assigned.
- Maintains involvement with professionals and other community organizations that reflect positively on the Agency.
- Support and upholds the mission of the Agency.
- Must be flexible to meet the needs of the client, program, Agency, or other duties as assigned as deemed necessary by the supervisor and/or Agency administration.
- Adheres to all quality, preferred practice, and ethical standards as outlined in the Agency policies and procedures.
- Must be able to handle multiple concurrent tasks, work cooperatively and effectively with people from different disciplines, and promote teamwork.
- Must be able to communicate effectively both orally and in writing.
- Collects NOMS data so as to fulfill data collection requirements for SAMSHA Youth in Transition grant.
- Will attend monthly staff TAY meetings.
-

Vocational Assessment

- Perform vocational assessments with students to determine areas of strength, interest, and aptitude.
- Establishes and maintains a strong working relationship with a students' family and encourages participation and involvement in transition planning.

Report Relationship:

Position reports to the Director of School and Vocational Services .

Qualifications for Application:

Knowledge, Skills, Experience and Abilities Required:

Master's degree (preferred) in Social Work, Rehabilitation, Special Education or related field, or combination of education and experience from which comparable knowledge and skills are acquired. Must be able to communicate effectively both orally and in writing.

Experience in community-based instruction, vocational training and/or transition from school to work.

Strong commitment to working with at-risk youth.

Confidentiality: Must adhere to and respect all policies regarding client rights, anonymity, confidentiality of all clients past and present and other proprietary information regarding the Agency. This covers any written or verbal communications regarding a client's identity, address, and nature of their problems, and other proprietary information of the Agency. Confidentiality in regards to substance abuse is mandated by federal law. Confidentiality policies and procedures remain in effect while employed at Clara Martin Center and once employment is terminated.

THIS STATEMENT OF DUTIES IS FOR IDENTIFYING THIS POSITION. IT DOES NOT COVER IN DETAIL ALL OF THE DUTIES REQUIRED OF THE POSITION.

I have read, understood, and received a copy of this job description.

Employee Signature: _____

Date: _____

Approved and reviewed: December 2004

Revision Date: May 2008

JOB DESCRIPTION ADDENDUM

Name: _____

Title: _____

Program: (Check applicable program areas)

Alcohol and Other Drug Program
 Quitting Time
 Central Vermont Substance Abuse Services

Children/Family
 Challenger Program
 HARC
 School Based

Community Support Program
 Emergency

Fee For Service

Site: (Please check applicable site(s))

Berlin
 Bradford

____ Randolph
____ Wilder
____ Other

Please specify: _____

Direct Service Percentage: _____

Supervisory/Other Responsibilities:

CLARA MARTIN CENTER

POSITION DESCRIPTION

Peer Mentor

Alternative & Public Schools & Child & Family Services

Classification: Non-Exempt

General Purpose:

To provide peer support, mentoring and related functions to individuals who attend alternative and/or public schools and/or receive Transitional Age Youth or Jump or Board for Success services.

Essential Functions:

- Interacts with consumers in a manner that will enhance their emotional, physical and psychological well being, maintain an awareness of those needs and communicates changes to the assigned supervisor and on-site supervisor.
- Provides the necessary support for each consumer to develop a sense of inclusion in his/her community by assisting with establishing and maintaining relationships and connections through recreation, social, volunteer and work activities as addressed.
- Implements activities adhering to safety procedures, established schedules and routines and respecting the individual's rights, privacy and choice of activity.
- Provides additional services as defined by the on-site supervisor and as the consumers' needs dictates.
- Accurately observe, monitor, and document consumer behavior and assist in assessing stability.
- Quickly and accurately assess danger and risk posed by resident to self or others.
- Implement problem-solving strategies to address difficult, potentially lethal, consumer behaviors.
- Consult with members of the treatment team to provide continuity of care and attention to specific goals.
- Records and documents services by following established policies and procedures of the Agency.
- Demonstrates active involvement in supervision as evidenced by participation, initiative, and effort.
- Participates in and/or coordinates meetings, committees, and special projects as assigned.
- Adheres to Federal and State guidelines related to confidentiality and privacy guidelines, HIPAA, FERPA & 42 CFR part 2.
- Acts as a mandated reporter when necessary and with the appropriate supervision.
- Maintains involvement with professionals and other community organizations that reflect positively on the Agency.
- Support and upholds the mission of the Agency.
- Must be flexible to meet the needs of the client, program, Agency, or other duties as assigned as deemed necessary by the supervisor and/or Agency administration.
- Adheres to all quality, preferred practice, and ethical standards as outlined in the Agency policies and procedures.
- Must be able to communicate effectively both orally and in writing.

Confidentiality: Must adhere to and respect all policies regarding client rights, anonymity, confidentiality of all clients past and present, and other proprietary information regarding the Agency. This covers any written or verbal communications regarding a client's identity, address, and nature of their problems, and other proprietary information of the Agency. Confidentiality policies and procedures are in effect while employed at Clara Martin Center, and after separation as well.

Report Relationships:

Position reports to the Youth Services Navigator.

Qualifications for Application**Knowledge, Skills, Experience and Abilities Required:**

- High School Diploma or a combination of education and experience from which comparable knowledge and skills are required.
- Working knowledge of the needs and abilities of transitional age youth and an understanding of the barriers transitional age youth experience in the job market.
- Must be a current or former recipient of mental health services, preferably in Vermont. A basic understanding of the benefits of vocational rehabilitation services is helpful, but not required.
- Must have good communication skills and ability to work in a team atmosphere.

Environmental Factors:

Duties are performed in a variety of settings (i.e. schools, student's homes, the community and the Agency). There is direct interaction with severely emotionally disturbed children, and/or individuals with substance abuse issues. Access to transportation is required. Interaction with clients poses some risk of physical injury or property damage. An incumbent may encounter situations that may elicit high levels of stress. Crisis situations can occur at any time. Evening or weekend work may be required. Must be able to work independently, use sound judgment and creative thinking.

THIS STATEMENT OF DUTIES IS FOR IDENTIFYING THIS POSITION. IT DOES NOT COVER IN DETAIL ALL OF THE DUTIES REQUIRED OF THIS POSITION.

I have read, understood, and received a copy of this job description.

Employee Signature: _____

Date: _____

Appendix C

Description of Clara Martin's Application of the Resiliency Model

Description of Clara Martin's Application of the Resiliency Model

Clara Martin's approach with youth clients in general is based on the resiliency model that asserts that all youth, as all people, have an innate capacity to right themselves and develop positive lives. We as care providers can assist them by providing them with "protective factors" of a caring relationship, high expectation messages, and opportunities to participate and contribute. We can further assist them by promoting these protective factors in their families, schools, and communities. By promoting these protective factors in treatment as well as in the youth's natural supports, over time the youth's basic needs are satisfied which, in turn strengthen the youth's innate resiliency strengths, that then results in improved behavior and functioning, and decreased destructive behavior

Clara Martin's application of the resiliency model is based on their research into what the California Department of Mental Health did when they had a year-long task force look at programming for Transition Age Youth, which led the CMC to Bonnie Benard and her resiliency model, which is documented thoroughly in her book, Resiliency: What We Have Learned (2004).